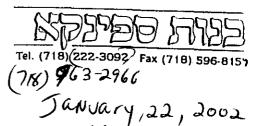
127 WallaBout St BKNN,





From: Bnos Spinka Gitty Horowitz Bklyn, NY 11206

DOCKET FILE COPY ORIGINAL 127 Wallabout st.

To School Libraries Division Universal Service Administrative Company **RECEIVED & INSPECTED** 

FEB 2 0 2002

FCC - MAILROOM

We did not write the CC Docket Nos. 96-45 and 97-21 on our letter of appeal when we sent our appeal with Air Bourne yesterday; therefore we are remailing a copy of everything today with the CC Docket Nos. written on the letter of appeal.

Thank You So Much

No. of Copies rec'd List ABCDE



BROOKLYN, NY 11211

127 WallaBottst. BKYN, 1 Yillson



I

Tel. (718)(222-3092) Fax (718) 596-8155 963-2966

J ANUARY 22,02

From: Bnos Spinka Gitty Horowitz 127 Wallabout st. Bklyn, NY 11206

Re:

appeal case # 40730 Entity # 209385

CC Docket Nos. 96-45 and 97-21 School & Libraries Division

Universal Service Administrative Company



## To Whom It May Concern:

This is the letter to appeal your decision, which you aren't providing us with funding. We are so sorry to receive this packet of all papers back from you and as I spoke to Dason recently I was told to appeal this. We always responded to all faxes as recently in November. For further information if you do not hear any respond from us through the fax please call us at the office at (718) 963-2966. That this should never happen again.

We are in desperate need for this and were sure and waiting every day to hear from you that we are approved for the funding. Please let us know as soon as possible. Please note as we have in our records is Block 5, numbers 13 and 14 where changed to Destia on March 12, 2001, which we provided documentation. I understood item 18 was supposed to be left blank, Therefore enclosed is the change as you requested.

Please consider this matter that we never had any sign of receiving any fax of which you said you faxed us and we never got any fax because whichever fax we received on our side we always without any exceptions responded to immediate. We do have a new fax # 718-596-8157. But besides this matter we still check the old fax # daily.

Please respond quickly and take this matter into consideration. We are desperately waiting for the funding. Thanks so much for everything.

Name:

**Bnos Spinka** 

Gitty Horowitz 127 Wallabout st. Brooklyn, NY 11206

Telephone #

718-963-2966

Fax # :

718-596-8157

Applicant Name Bnos Spinka

Applicant #

262914

Thank You So Much

BNOS SPINKA(ENTITY #209385)



127 WALLABOUT STREET BROOKLYN, NY 11206

TEL: (718)963-2966

FAX:(718)403-9024

# **FAX TRANSMISSION**

FROM: GITTY HOROWITZ

TO: RUSS STUCKY

FAX# 888-276-8736

| 11:42        | , .      | lumber<br>t Person                         | 209385<br>GITTY H                               | OROWITZ   |   |  | icent's Form ide<br>Number                         |                                  | 963 - 2986  |   |  |  |  |
|--------------|----------|--|---|---|---|--|--|----------------------------------|---|---|--|--|--|
| Mar. 12 2001 | Instru   | ctions: Us<br>as many co                   | opies of this page                              | ge for EACH ser<br>as necessary, a                      | rvice (Fund<br>and numbe                                    | uest(s)<br>ling Request Numbi<br>r the completed page  | es to mesure the                                   | at they are all p                | ng discounts.   | Block 5, pa                                       | ge   | of                                     |  |
|              | 11 1     | Category                                   | of Service (only C                              |   |   | Control of the Contro | 15 Contract  | Number (Kas                      | rieble; use "T" if turified<br>s as described in instruc                              |   |  | T                                      |  |
|              | 0        | Telecoms                                   | nunications Service                             | D Internet Ac   | cess OI   | internal Connections   | <del></del>  |                                  | rencyles beid a g. p. 791   |   | 7  | 18-963-2966                            |  |
|              | 12       | Form 470                                   | Application Nu                                  | nber (15 dg/s)  |   | 95000000303638   | 7  | le Vendor Se<br>Form 470 filing) | ection/Contract   | Date (mm/dd/yy)                                   | y)<br>11/30                                  | rón                                    |  |
|              | 13       | SPIN - Ser                                 | rvice Provider                                  | ·····   |   | 000000000000000000000000000000000000000  | 18 Contract Award Date (world)yyy) 12/01/00        |                                  |   |   |  |  |  |
|              | 1        | dentificat                                 | ion Number (9 di                                | giis) 14 <b>36</b> 09164                                |   |  | 19a Service Start Date (revisity) 97/01/01         |                                  |   |   |  |  |  |
|              |          |  |   |   |   |  | 19b Service  | End Date (mm                     | /dd/yyyy) (use only f   | or "T" or "MTM":                                  | servi <del>cas)</del> 06                     | /30/02                                 |  |
| 6H 31Md      | 14       | Service P                                  | rovider Name_[                                  | ESTIA! ECON   | OPHONE  |  | 20 Contract  | Expiration 9                     | ate (mrkkilypp)   |   |  |  |  |
| AAX ND.      | 24       | Oescriptic<br>This Servi                   | ice:  |   | an Altachi  | iplion of the service,<br>ment #, and note nu  | mber in space p                                    |                                  |   | 6, pius any reio                                  | vant brand                                   | names. Label t <del>his</del>          |  |
| Ĕ            | 1        | Entity/Ent<br>Receiving                    |   | service:  | 20  | cific (provided to one<br>9385   |  | ·                                | ,   |   | •  | ock 4 receiving this                   |  |
|              | 23       | Caiculatio                                 |   | ecuming Char  | aes   |  | l Non-   | Recurring (                      | Charges   |   | Total Ch                                     | arges                                  |  |
|              |          | A  | В   | C   | D   | E  | F  | G                                | H   | Ī   | J  | K                                      |  |
|              | {total a | y \$ charges<br>smount per<br>for service) | How much of the \$ amount in (A) is ineligible? | Eligitie monthly<br>predictount<br>amount<br>(Aminus B) | # of<br>months<br>service<br>provided in<br>program<br>year | Armaal pre-discount \$ ansount for aligible recurring charges (C x D)  | Annual non-<br>recurring (one-<br>time) \$ charges | the \$ emount in                 | Annual eligible pre-<br>discount \$ amount<br>for one-firms<br>changes<br>(F minus G) | Total program year pro- discount \$ amount (E +H) | % discount<br>(from<br>Block 4<br>Worksheat) | Funding Commissent<br>Request<br>(ExJ) |  |
|              |          | 600  | 0   | 500   | 12  | 7200   | 0  | 0                                | o   | 7200  | 90%  | <b>6</b> 48                            |  |

| Enth          | Numbe: _  | 709385                    |                                   |                          |  | Meant's Form is  | Land Tier  |  | *******   |  |   |
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|               | IC: Person  |                           | COROWITZ                          |                          |  | Burder   |  | 18) 253 - 2986                                       |   |  |   |
| inser<br>Make | uctions: L<br>es mezy e   | copies of this pag        | ege for EACH a<br>o as necessary, | ervice (Fun<br>and mambe | CUBST(S)  ding Request Number the completed page             | es to assure th  | et they we all                                       | workered corect                                      | Block 5, p  | 9 <del>-</del> 4                               | of <u>1</u>                             |
| 19            |   | of Sarvice (only          |                                   |                          |  | 115 Courtrac   | i Number și s  | gistio; use 17° ji izrileo<br>us as pezitodia kistet |   |  | Ť                                       |
|               | 🗿 र्दशकता   | THUS ITS LIGHT Service    | ts O Internet A                   | ctess ()                 | Internal Connections   |  |  | er jeg "biladin siha                                 |   | 7  | 18-963-2966                             |
| 12            | Form 470  | Application A             | imber (15 égis)                   | 3                        | 95000000303634   | 17 Allowable Vendor Salection/Contract Data (mildlyyyy)  55 (based on Funa 478 ffort) 11/30/00 |  |  |   |  |   |
| 13            |   | rvice Provider            | <del></del>                       | ·                        |  | 18 Contrac   | Award Date   | (waskillyryr)  |   |  | -                                       |
|               | dentace   | ilas kumber (s            | 143601351                         | )                        |  | 19a Service  | Biart Date (m  | nicayyy)   |   | 07/01  | 01                                      |
|               |   |                           |                                   |                          |  | 190 Service  | End Date (no   | raphykyly (alle anjå                                 | for "3" or "MTM"                                  | aminicas) Ol                                   | /30/02                                  |
| 14            | Service F   | rovider Zome              | VERIZON-NY I                      | IC.                      |  | 20 Contrac   | t Expiration (                                       | late (rankthysys                                     |   |  |   |
| 21            | Descripti<br>Tals Serv  |                           | description with                  | ı an Atlach              | iption of the service,<br>ment if, and note nul<br>1         |  |  |  | ls, pius any reio                                 | event brand                                    | names. Label this                       |
| 22            | Estitysen<br>Receiving  | lities<br>3 Tigs Service: | Adrice:                           |                          | cilic (provided to one<br>0 1/385<br>by all entities on a Bl | ·  |  | `  |   |  | ock 4 reactiving this                   |
| 23            | Catcatete   | ** *                      | scurring Cha                      | rges                     |  | Non  | Recurring (  | Charges  | L   | Total Ch                                       | Wyes                                    |
|               | A   | R                         | C                                 | D                        | E  | ÿ  | G  | Ħ  | Ĭ   | J  | K                                       |
| (Cotat        | ichy 5 charges (from much of the \$ Sighte mornitry   If of annual pre-discond at emount or (A) to pre-discond mounts (or eligible mornitry   If of annual pre-discond mounts (or eligible mornitry   I |                           |                                   |                          |  | mauning (ore-  | How much of<br>the S arrount in<br>(F) is invigible? |  | Total program year pre- discount 5 emount (E + H) | % cistouri<br>(front<br>Blook 4<br>Y/orksheel) | Fracing Countries of \$  Request (ix J) |
| •             | 1000  | 0                         | 1000                              | 12                       | 12000  | 0  | o  | 0  | 12000   | 90%  | 19600                                   |

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| Entity Number<br>Contact Person _  | 20939<br>GITTY   | 6                                  |                          |  |          | Form Ide  |                 | nj 963 - 2906                               |   |  |                                      |  |
|--|--|------------------------------------|--------------------------|--|----------|-----------|-----------------|---|---|--|--------------------------------------|--|
| Instructions: L<br>Make as many  | copies of this page  | age for EACH se<br>as necessary, a | ervice (Fun<br>and numbe | ding Request Number the completed page                           |          | issure th | at they are all | processed correcti                          | Block 5, p.   | age _5                                       | or 7                                 |  |
| 11 Category  | of Service (only)  | ONE calegory should)               | te checked               |  | 15       | Contrac   | i Number († 2   | se on charged in Mean                       | -   |  | т                                    |  |
|  | Munication Nu  |                                    | <del></del>              | External Connections   | 17       | Allowab   | te Vendor Sa    | bar (e.g., bired blepho<br>lection/Contract |   | (עע  | 18-963-2966                          |  |
| 39500000303638   |  |                                    |                          |  |          |           |                 |   |   |  |                                      |  |
| (dentifica   | identification Humber (9 tips) 143089164 18a Service Start Date (embisiyyy) 07/01/01 |                                    |                          |  |          |           |                 |   |   |  |                                      |  |
|  |  |                                    |                          |  | 19b      | Service   | End Date (ma    | niddlyyyy) (use only                        | for "T" or "ETM"                                    | services) DE                                 | 3/30/02                              |  |
| la Service S   | rovider Name   | DESTIM / ECON                      | OPHONE                   |  | 20       | Contract  | Expiration (    | Danie (Impristilyyyy)                       |   |  |                                      |  |
| 21 Cescripti<br>This Sam   |  |                                    | an Atlach                | iption of the Service,<br>ment #, and note ma                    |          |           |                 |   | ls, plus <b>any</b> rela                            | evant brand                                  | names, Label Bis                     |  |
| 22<br>Entity/En<br>Receiving   | This Service:  | service :                          | 20                       | cific (provided to one<br><b>6385</b><br>by all entities on a Bl |          |           |                 |   |   |  | ock 4 receiving this                 |  |
| 23 Calculation   |  | ocurring Cha                       |                          |  |          | Non       | Recurring (     | Thomas                                      |   | Total Ch                                     |                                      |  |
| A  | В  | C                                  | D                        | K  | <u> </u> | F         | G               | H   | 1   | 100.0  | K                                    |  |
| or (17) 5 charges How much of the \$ Eighte monthly amount (per amount in (A) is pre-discount amount for eligible? Amount for eligible? Amount for eligible amount for eligible? Amount for eligible amount for eligible? (C x D) from program year. |  |                                    |                          |  |          |           |                 |   | Total program your pro- discount \$ arraged (E +10) | % discount<br>(from<br>Block 4<br>Worksheet) | Funding Commitment \$ Request (Ex.U) |  |
| 600  | o  | 600                                | 12                       | 7200   |          | 0         | 0               | 0   | 7200  | 90%  | 6480                                 |  |

|                | : Житфег<br>cd ≥есзо¥                            |   | N6<br>TY HOROWITZ                                       |   |  | Jeant's Form I<br>Jumber |   | _(/18 <mark>, 963 - 2996</mark> _                     |  |  |   |  |  |
|----------------|--|---|---|---|--|--------------------------|---|---|--|--|---|--|--|
| brstr<br>Fåtke | uctions: U<br>as energy o                        | opies of this page                                | ape for EACH or<br>as necessary, a                      | rvice (Fun<br>and numbe                     | LUEST(S)<br>ding Request Numb<br>in the completed page<br>the life significant | es to assure t           | hat they we di<br>alternation                         |   | Block 5, p.  | nge <u>6</u>                                     | of ]                                      |  |  |
| 1              | Catagory   | of Service way                                    | DME caegory should                                      | च्यः कार <b>्</b> कती                       |  | 15 Contra                | et Number (* )<br>sift-to-rent soni:                  | reintig use "I" il teritor<br>us 10 deservad in iraka | Jiero)   |  | 7   |  |  |
| 12             |  | Application Ru                                    |   |   | 95000000303636   | 17 Album                 |   | her (e.g., triedbiophs<br>shection/Contract           |  |  | 18-963-2968<br>200                        |  |  |
| 13             | SPIH - Se  | rvice Provider                                    |   |   | of Appenied Date   |                          |   |   |  |  |   |  |  |
|                | Mentifica  | tion Hamber (9-)                                  | ცს) 1 <b>43609890</b>                                   |   |  | 19a Sarvic               | Start Date (1   | mid#rrvd  | ·  | 07/01  | AR1                                       |  |  |
|                |  |   |   |   |  | <del>}</del>             |   | add yyyy) (use only                                   | for "I" se "MTM"                                   | services) DE                                     | M30/02                                    |  |  |
| 744            | Seculos I  | vovider Name I                                    | MEYTEL  |   | <del></del>  | Ļ                        | 20 Contract Expiration Date (military);               |   |  |  |   |  |  |
| 21             | Dascription<br>This Serv                         |   | description with  | an Abach                                    | iption of the service,<br>ment #, and note per                                 | ather in speci           |   |   | s, plus any rele                                   | went brand                                       | names. Label frie                         |  |  |
| 2?             | Entity/Ent<br>Receiving                          | lities<br>  This Service:                         | service:  | 20936                                       |  |                          | -   |   |  | -  | ock 4 receiving this                      |  |  |
| za             | Catculatio                                       |   | ecurring Cha  | rges  |  | No                       | -Recurring  | Charges   | 1  | Total Ch   | #rges                                     |  |  |
|                | Λ  | B   | C   | Ð   | E  | F                        | G   | 1   | 1  | 3  | K   |  |  |
| ::claf         | i (bi zzivice)<br>alitoavi ber<br>iv. 2 cuarliez | How much of the S<br>amount in (A) is<br>legiste? | Eighte racnity<br>pre-discount<br>amount<br>(A minus B) | program provided in provided in provided in | Annual pre-disecut S<br>amount for eaglete<br>recusing charges<br>(C x D)      | necessing joins          | How much of<br>Man \$ except in<br>F) to install blat |   | Total program year pai- discount \$ errorat (E +10 | % diecolust<br>(Norri<br>Elonk 4<br>(Monterpell) | Funding Commingent \$<br>Request<br>{1xJ} |  |  |
|                | 2500   | 0   | 2500  | 12  | 30000  |                          | 0   | Đ   | 3 <b>86</b> 00                                     | 90%  | 27000                                     |  |  |

M. W.

| Erstir Hammer 289385 Applicant's Form (decidies |                                   |                                    |  |   |                               |                                       |  |  |                                |                        |
|---|-----------------------------------|------------------------------------|--|---|-------------------------------|---------------------------------------|--|--|--------------------------------|------------------------|
| Easity Named<br>Contact Person                  |                                   | TY HOROWITZ                        |  |   | opticaat's Form<br>one Number |                                       | _[718j 943 - <b>2008</b>                                 |  |                                |                        |
|   |                                   |                                    |  |   |                               |                                       |  |  |                                |                        |
| Instructions: U                                 | •                                 | age for EACH se                    | evice (Fun   | (UEST(S) ding Request Number the completed page             |                               | •                                     | •  | Block 5, pa                                | nge                            | _of <u>}</u>           |
| i .   |                                   |                                    |  | ne assigned b   | , administ                    |                                       |  |  |                                |                        |
| 1) Calegory                                     | o/ Service (day)                  | DNE colo <sub>s</sub> ary streatal | po suecessý  |   |                               |                                       | es es discribed y l'estrac<br>es es discribed y l'estrac |  |                                | Ŧ                      |
| <b>⊕</b> Terasor                                | munications Servic                | e O Internet A                     | Cera O   | Ersternal Commedigas  | 16 Billing A                  | ccount Hum                            | ber je 3., biledin spic                                  | ce paraber)                                | 7                              | 18-963-2968            |
| 12 Ferm 4 <b>70</b>                             | Application its                   | unbor (16 d <sub>e</sub> in)       | 3  | <b>95000000383638</b>                                       |                               | ie Vendor Se<br>Fars 470 ling)        | dection/Contract   | Date (ma/dd/y/)                            | M)<br>11/30                    | 60                     |
|   | rvice Provider<br>Fan Sumber & c  | 13 <b>130</b> 00077                |  |   | 18 Contrac                    | Award Date                            | (ALLENGALIA)   |  | ··.                            | -,.                    |
| igenia Ca                                       | can aumour pro                    | BBE: 14-240.0011                   |  |   |                               | Start Date (n                         |  |  | 07/01                          |                        |
|   | _ <del></del>                     |                                    |  | ···   | ļ                             |                                       | nickiyyyy) (use only                                     | ior 'T' or "MTZI"                          | serasae) Of                    | M30/02                 |
| 🦠 Barrice P                                     | rovider Name                      | CETTC                              |  |   |                               |                                       | late wekings.  | التناخيين جيركا اعا                        |                                | <del></del>            |
| 2: Cascripti<br>This Serv                       |                                   | description with                   | en Attach  | iption of the service,<br>ment #. and note nu<br>4          |                               |                                       |  | is, pikas any refa                         | nyaand braand                  | zamos. Label this      |
| 22<br>Entity/Ent<br>Receiving                   | ities<br>This Service:            | acrvice:                           | 2  | calic (provided to one<br>0.6385<br>by all entities on a St | <del></del>                   |                                       |  |  |                                | cok 4 receiving this   |
| 25 Calculatio                                   | 2610                              |                                    |  |   |                               |                                       |  |  |                                |                        |
|   |                                   | ecurring Cha                       | <del></del>  | ·   | L                             | Recurring                             |  | <u> </u>                                   | Total Ch                       |                        |
| A<br>Abothir Scharces                           | Name and the S                    | C Eligible exonibity               | D<br># of  | E<br>Annual pro-discount 2                                  | Annual non-                   | How spoth of                          | Annus et alle pre-                                       | Total program                              | 4 discount                     | Funcing Commissions \$ |
| ilotat aziousi par<br>monthi lar savice)        | emount in (A) is in a profig & 2? | Supersonic (V supersonic S)        | ntoribs<br>species<br>provided in<br>progrem<br>year | escutt for ally ble<br>tecutivity charges                   | Markial (a.e.                 | the \$ amount in<br>(F) is builgible? | discourt \$ amound                                       | year pas-<br>discent \$<br>execut<br>(E H) | (from<br>Block 4<br>Workshaat) | Request<br>(1xJ)       |
| 2 <b>500</b>                                    | o                                 | 2500                               | 12   | 30000   | . 0                           | 0                                     | O  | 30000                                      | 90%                            | 27000                  |

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FCC Form 471



Approval by OMB 3060-0806

rarias Universal Sarvice Schaar

Servi

Applicant ID: 262914

m 471

This form asks schools and libraries to charges for them so that the Fund Adn

Please read instructions



ordered and estimate the annual s for services.

, for filing this form online)

Applicant's Form Identifier:

your own code to identify THIS Form 471)

(Create

| Blo      | ock 1: Billed Entity                  |                       |                    | hills for the care    | iess listed        | this form                       |  |  |  |  |  |  |  |
|----------|---------------------------------------|-----------------------|--------------------|-----------------------|--------------------|---------------------------------|--|--|--|--|--|--|--|
|          |                                       | led Entity" is the en |                    |                       | ices iisted on     | i uus ioim.)                    |  |  |  |  |  |  |  |
| 1        | Name of Billed Entity (30 characte    | rs max.)              | BNOS SP            | INKA                  |                    |                                 | <del></del>                                      |  |  |  |  |  |  |
| 2        | Funding Year: July 1, 2001 through    | h June 30, 2002       |                    | 3 Entity Nun          | nber (up to 10     | O digits)                       | 209385   |  |  |  |  |  |  |
| 4a       | Street Address, P.O. Box,             | 127 WALLAB            | OUT STRE           | ET                    |                    |                                 |  |  |  |  |  |  |  |
| ĺ        | or Route Number                       |                       |                    |                       |                    |                                 |  |  |  |  |  |  |  |
|          | City BROOKLYN                         |                       | State              | NY                    | Zip Code           | 11206                           |  |  |  |  |  |  |  |
| b        | Telephone Number (10 digits + ex      | t.)                   | 718-963-2          | 966                   |                    | ···········                     |  |  |  |  |  |  |  |
| С        | Fax Number (10 digits) 718-403-9024   |                       |                    |                       |                    |                                 |  |  |  |  |  |  |  |
| d        | E-mail Address (50 characters ma      | DX.)                  |                    |                       |                    |                                 |  |  |  |  |  |  |  |
| 5        | Type of Application                   | School                | (public or non-    | public school)        |                    |                                 |  |  |  |  |  |  |  |
| 1        | ā                                     | School District       | (LEA; public or    | non-public (e.g.,     | diocesan) loca     | al district representing mu     | ltiple schools)                                  |  |  |  |  |  |  |
|          |                                       | Library               | (library (l.e. out | tlet/branch, syster   | n))                |                                 |  |  |  |  |  |  |  |
|          |                                       | Consortium            | Check here         | if any members of thi | s consortium ere i | ineligible non-governmental ent | if <del>ie</del> s. *                            |  |  |  |  |  |  |
| 6a       | Contact Person's Name                 | GITTY HORO            | OWITZ              |                       |                    |                                 | <u>,</u>   |  |  |  |  |  |  |
|          | First, fill in every item of the Con- |                       |                    | hat is different      | from Item 4,       | above.                          |  |  |  |  |  |  |  |
|          | Then check the box next to the p      | preferred mode of a   | ontact. (At leas   | st one box MUS        | T be checke        | ∍d.)                            |  |  |  |  |  |  |  |
| b        | Street Address, P.O.                  |                       |                    |                       |                    |                                 |  |  |  |  |  |  |  |
|          | Box, or Route Number                  |                       |                    |                       |                    |                                 |  |  |  |  |  |  |  |
|          | City                                  |                       | State              | •                     | Zip Code           |                                 |  |  |  |  |  |  |  |
| С        | Telephone Number (10 digit            | s + ext )             | ( )                | <u> </u>              | ext.               |                                 | <del>*************************************</del> |  |  |  |  |  |  |
| d        | Fax Number (10 digits)                |                       | (718) 403          | - 9024                |                    | <del> </del>                    |  |  |  |  |  |  |  |
| e        | E-mail Address (50 charact            | are may )             | ()                 |                       |                    |                                 | ·····  |  |  |  |  |  |  |
| ŗ        | Holiday/vacation/summer contact       |                       |                    |                       |                    |                                 |  |  |  |  |  |  |  |
| <u>'</u> |                                       |                       |                    |                       |                    |                                 |  |  |  |  |  |  |  |
| RI       | ock 2: Minor Modif                    | ication to            | Evieting           | Contra                | ct2                |                                 |  |  |  |  |  |  |  |

| <u></u> | Holiday/vacation/summer contact in | formation:  |
|---------|------------------------------------|---|
| В       | lock 2: Minor Modifi               | cation to Existing Contract?  |
| 7       | Check if this Form 471 repres      | sents a minor modification, such as a modification of services, to                      |
|         | a Form 471 for which you alre      | eady have a Receipt Acknowledgement Letter. Provide the data requested below,           |
| ł       | attach a Description of Service    | es highlighting the modified service, and sign Block 6.                                 |
|         | Form 471 Application #:            | Funding Request Number:   |
|         | Minor modification requests can    | be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions. |

Charact 4-20-01 46046

36729 FCC Form 471 – October 2000

| Entity Number209385Applicant's Form Identifier  Contact PersonGITTY HOROWITZ Phone Number718-963-2966                   |  |   |                                    |   |  |  |                                 |  |  |  |                                      |  |  |
|---|--|---|------------------------------------|---|--|--|---------------------------------|--|--|--|--------------------------------------|--|--|
| Instr<br>Make   | ructions; Use as many c                          | opies of this page                                    | nge for EACH se<br>as necessary, a | rvice (Fundand numbe  | <b>uest(s)</b><br><b>Sing</b> Request Numb<br>r the completed page   | es to assure tha   | at they are all ;               |  | Block 5, pa  | nge \  | _ of                                 |  |  |
| 11  |  | of Service (only (                                    |                                    |   |  | 15 Contrac   | t Number (if av                 | aliable; use 'T' if tariffed<br>is as described in Instruc |  | ,  | 2798-104                             |  |  |
|   | O Telecom  | munications Servic                                    | Internet Ac                        | cess 💮 I  | raternal Connections   | 16 Billing Account Number (e.g., billed telephone number) 2798 |                                 |  |  |  |                                      |  |  |
| 12  | Form 470   | Application Nu  | mber (15 digits)                   | 3   | 95000000303638   | 1  |                                 | lection/Contract   |  | (y)<br>1/30/00                               |                                      |  |  |
| 39500000303638 (based on Form 470 filing) 11/30/00  13 SPIN - Service Provider 18 Contract Award Date (mm/dd/yyy) 12/01 |  |   |                                    |   |  |  |                                 |  |  | /00  |                                      |  |  |
|   | Identificat                                      | tion Number (9 d                                      | lgits) 14300957                    | 79  |  | 19a Service Start Date (mm/dd/yyyy) 07/01/01                   |                                 |  |  |  |                                      |  |  |
|   |  |   |                                    |   |  | 19b Service  | End Date (mm                    | /dd/yyyy) (use only f                                      | or "T" or "MTM"                                    | services)                                    |                                      |  |  |
| 14  | Service P  | rovider Name S  | MART TELEC                         | OM, INC.  |  | 20 Contract  | Expiration D                    | late (mm/dd/yyyy)  | _  | 06/30  | /08                                  |  |  |
| 21  | Description<br>This Serv                         |   | description with                   | an Attachi  | ption of the service,<br>nent #, and note nu<br>18-104               | mber in space p  |                                 | •  | s, plus any rele                                   | vant brand                                   | names. Label this                    |  |  |
| 22  | Entity/Ent<br>Receiving                          | ities<br>  This Service:                              | service :                          | 2093  | cific (provided to one<br>35   | <del> </del>   | ·                               |  |  | ntity from Bl                                | ock 4 receiving this                 |  |  |
| 23  | Calculation                                      |   | source Char                        |   |  | 1 1  | Daniemine (                     | `h ann an  | 1  | Total Ob                                     |                                      |  |  |
|   | A  | В   | ecurring Char<br>C                 | ges<br>D  | E  | F  | Recurring C                     | H H  | I  | Total Ch                                     | arges<br>K                           |  |  |
| (tota   | hly \$ charges<br>i amount per<br>h for service) | How much of the \$<br>amount in (A) is<br>ineligible? | L                                  | # of<br>months<br>service<br>provided in<br>program<br>year | Annual pre-discount \$ amount for eligible recurring charges (C x D) | Annual non-<br>recurring (one-<br>time) \$ charges             | How much of<br>the \$ amount in | Annual eligible pre-                                       | Total program year pre- discount \$ amount (E + H) | % discount<br>(from<br>Block 4<br>Worksheet) | Funding Commitment \$ Request (1x J) |  |  |
|   | 0  | 0   | 0                                  | 12  | 0  | 10460  | 0                               | 10460  | 10460  | 90%  | 9414                                 |  |  |

| Entity Number 209385 App Contact Person GITTY HOROWITZ Phone |   |   |                      |  |  |                   |   | ldentifier718-963-2966          |   |                                    | -           |                                      |
|--|---|---|----------------------|--|--|-------------------|---|---------------------------------|---|------------------------------------|-------------|--------------------------------------|
| Instru<br>Make   | actions: Us<br>as many co                       | e one Block 5 pa<br>pies of this page           | as necessary, ar     | vice (Fundi<br>nd number                     | uest(s) ng Request Number the completed pages be assigned to         | to assu           | ure that                                | they are all pro                |   | Block 5, pa                        | ge <u>3</u> | of <u>7</u>                          |
| i  | Category  | of Service (only 0                              | NE category should b | e checked)                                   |  | 15 C              | ontract                                 | Number (if ava                  | nilable; use "T" if tariffed<br>es as described in Instru |                                    |             | 2798-106                             |
| <u> </u>   | O Telecomi                                      | munications Servic                              | e O Internet Ac      | cess 1                                       | internal Connections   |                   |   |                                 | er (e.g., billed telephon                                 |                                    |             | 2798                                 |
| 12   | Form 470  | Application Nur                                 | nber (15 digits)     | 39   | 95000000303638   | 1                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                 |   |                                    |             |                                      |
| 13   |   | vice Provider                                   |                      |  |  | 18 C              | ontract                                 | Award Date (                    | mm/dd/yyyy)   |                                    | 12/01       | <b>/</b> 00                          |
|  | Identificat                                     | ion Number (9 di                                | gits) 14300957       | 9  |  | 19a S             | ervice :                                | Start Date (mm                  | /dd/yyyy)   |                                    | 07/01/      | 01                                   |
|  |   |   |                      |  |  | 19b Se            | ervice E                                | nd Date (mm                     | (dd/yyyy) (use only f                                     | or "T" or "MTM" s                  | ervices)    |                                      |
| 14   | Service Pr                                      | ovider Name S                                   | MART TELECO          | M, INC.                                      |  | 20 C              | ontract                                 | Expiration D                    | ate (mm/dd/yyyy)  |                                    | 06/30/      | 08                                   |
| 21   | Description<br>This Servi                       |   |                      | an Attachn                                   | ption of the service, i<br>nent #, and note num<br>B-106             | -                 | -                                       |                                 | ponents and costs,  | plus any releva                    | nt brand na | mes. Label this                      |
| 22   | Entity/Ent<br>Receiving                         | ities<br>This Service:                          | service :            | 20938  | cific (provided to one  5  by all entities on a Blo                  |                   | <u> </u>                                |                                 | -   |                                    | y from Bloc | k 4 receiving this                   |
| 23   | Calculatio                                      |   |                      |  |  |                   |   |                                 |   | 1                                  |             |                                      |
|  |   | В   | ecurring Char        | rges<br>D                                    | E  | <u> </u>          | Non-                                    | Recurring (                     | harges<br>H   | I                                  | Total Cha   | arges<br>K                           |
| (total   | sly \$ charges<br>amount per<br>of for service) | How much of the \$ amount in (A) is ineligible? |                      | # of months service provided in program year | Annual pre-discount \$ amount for eligible recurring charges (C x D) | Annua<br>recurrin | al non-<br>ng (one-                     | How much of<br>the \$ amount in | Annual eligible pre-                                      | Total program<br>year pre-discount | % discount  | Funding Commitment \$ Request (Ix J) |
|  | 0 0 12 0 7950 0 7950 7950 90% 7155              |   |                      |  |  |                   |   |                                 |   |                                    |             |                                      |

| intity Number<br>Contact Person                               |   | OROWITZ   |   |  | dicant's Form Id<br>Number |   | '16) 963 - 2966  |  |  |                                      |
|---|---|---|---|--|----------------------------|---|--|--|--|--------------------------------------|
| nstructions: Us<br>Make as many c                             | opies of this page                              | age for EACH se<br>as necessary, a                        | rvice (Fundand numbe  | Juest(s)  Jing Request Number the completed page                     | es to assure tha           | at they are all ;                                     | processed correctly  | Block 5, pa  | age 📙  | of <u>7</u>                          |
|   |   |   |   |  |                            |   | allable; use "T" if tariffed                                 | services,  | <u> </u>                                     | T                                    |
|   | of Service (only 0                              |   |   | internal Connections   |                            |   | s as described in Instruc                                    | <del></del>  | ·  |                                      |
|   |   |   |   | TOUTH CONTINUES ON IS  |                            |   | <b>per</b> (a.g., billed telephor<br><b>lection/Contract</b> | •  |  | 18-963-2966                          |
| 12 Form 470   | Application Nu                                  | mber (15 digits)  | 3   | 9 <b>500</b> 0000303638  | 1                          | Form 470 filing)                                      | RECHON/CORN ACT  | Date (nintoryy)                                    |  | 30/00                                |
| 13 SPIN - Se  | rvice Provider                                  | , <del>'</del>  | <del></del>   |  | <del></del>                | Award Date  | (mm/dd/yyyy)   |  | 12/01  | <del>,</del>                         |
| identificat   | ion Number (9 d                                 | gits) 143001359   |   |  | 19a Service                | Start Date (mr  | nkdd/yyyy)   |  | 07/01  | /01                                  |
|   |   |   |   |  | 19b Service                | End Date (mm  | /dd/yyyy) (use only  | for "T" or "MTM"                                   | services) 06                                 |                                      |
| 14 Service P  | rovider Name                                    | VERIZON-NY IN   | IC.   |  | 20 Contract                | Expiration D  | late (mm/dd/yyyy)  |  | · · · · · · · · · · · · · · · · · · ·        |                                      |
| Description This Serv   |   | description with  | an Attachr  | iption of the service,<br>ment #, and note nur                       | nber in space p            |   | •  | s, plus any re <b>le</b>                           | vant brand                                   | names, Label this                    |
| Entity/Ent<br>Receiving                                       | ities<br>This Service:                          | service :   | 2   | cific (provided to one<br>09385                                      | *                          | -   |  |  | ntity from Blo                               | ock 4 receiving this                 |
| 23 Calculation  |   | ecurring Char   | 7000  |  | Non                        | Recurring (   | harane   | 1  | Total Ch                                     | 25005                                |
| A   | В   | C C   | D   | E  | F                          | G   | H H  | I  | J  | K K                                  |
| Nonthly \$ charges<br>(total amount per<br>nonth for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly<br>pre-discount<br>amount<br>(A minus B) | # of<br>months<br>service<br>provided in<br>program<br>year | Annual pre-discount \$ amount for eligible recurring charges (C x D) | - ,                        | How much of<br>the \$ amount in<br>(F) is ineligible? | discount \$ amount   | Total program year pre- discount \$ amount (E + H) | % discount<br>(from<br>Block 4<br>Worksheet) | Funding Commitment \$ Request (1x J) |
| 1000  | 0   | 1000  | 12  | 12000  | 0                          | 0   | o  | 12000  | 90%  | 10800                                |

| Entity Num<br>Contact Per                   |                                     | 20938:<br>GITTY H                                     | i<br>IOROWITZ   |   |  | cant's Form Ide<br>Number                          |   | 3) 963 - 2966   |  |  |                                      |
|---|-------------------------------------|---|---|---|--|--|---|---|--|--|--------------------------------------|
| instructio<br>Make as n                     | <b>ns:</b> Us<br>nany co            | opies of this page                                    | ge for EACH se<br>as necessary, a                         | rvice (Fund<br>and numbe                                    | Juest(s) ding Request Number the completed page                      | es to assure tha                                   | at they are all p                                     | processed correctly   |  | lge 🥏  | of <u>7</u>                          |
|   |                                     | of Service (only C                                    | • •   | -   |  | 1  |   | railable; use "T" if tariffed<br>es as described in Instruc |  | -  | Т                                    |
| <b>●</b> Te                                 | elecomr                             | nunications Service                                   | : O Internet Ac   | cess · O I  | nternal Connections  | 16 Billing A                                       | ccount Numl   | <b>ber</b> (e.g., billed telepho                            | ne number)   | 71   | 18-963-2966                          |
| 12 For                                      | m 470                               | Application Nu  | mber (15 digits)  | 3   | 95000000303638   |  | <b>le Vendor Se</b><br>Form 470 filing)               | lection/Contract  | Date (mm/dd/yyy                                    | y)<br>11/30                                  | V00                                  |
|   |                                     | rvice Provider  |   |   |  | 18 Contract  | Award Date  | (mm/dd/yyyy)  |  | 12/01  | <del>/00</del> -                     |
| lder  | ntificat                            | ion Number (9 d                                       | gits) 1430091 <b>64</b>                                   |   |  | 19a Service  | Start Date (mr  | n/dd/yyyy)  |  | 07/01/                                       | 01                                   |
|   |                                     | ſ   | sestia  |   |  | 19b Service  | End Date (mm  | ı/dd/yyyy) (use only i                                      | for "T" or "MTM"                                   | services) 06                                 | /30/02                               |
| 14 Ser                                      | vice P                              | rovider Name \  | ,   | PHONE   |  | 20 Contract  | Expiration D  | Date (mm/dd/yyyy)   |  |  |                                      |
|   | criptic<br>s Servi                  |   | description with  | an Attachr  | ption of the service,<br>ment #, and note nur                        | •  |   | •   | s, plus any rele                                   | vant brand (                                 | names. Label this                    |
|   | ity/Enti<br>eiving                  | ities<br>This Service:                                | service :   | 20  | cific (provided to one<br>9385                                       |  | •   |   |  | ·  | ock 4 receiving this                 |
| 23 Calo                                     | culatio                             |   | ecurring Char   | MAG   |  | l Non-   | Recurring   | Charnee   |  | Total Ch                                     | ornos                                |
| A   |                                     | В   | C   | D   | E  | F  | G   | H   | 1  | J  | K                                    |
| Monthly \$ c<br>(total amou<br>month for sa | ınt per                             | How much of the \$<br>amount in (A) is<br>ineligible? | Eligible monthly<br>pre-discount<br>emount<br>(A minus B) | # of<br>months<br>service<br>provided in<br>program<br>year | Annual pre-discount \$ amount for eligible recurring charges (C x D) | Annual non-<br>recurring (one-<br>time) \$ charges | How much of<br>the \$ amount in<br>(F) is ineligible? |   | Total program year pre- discount \$ amount (E + H) | % discount<br>(from<br>Block 4<br>Worksheet) | Funding Commitment \$ Request (Ix J) |
|   | 600 0 600 12 7200 0 0 7200 90% 6480 |   |   |   |  |  |   |   |  |  |                                      |

|  | Number                    | 209<br>GIT                                      | 385<br>TY HOROWITZ       |  |  | icant's Form Ide<br>iumber |                                 | (718) 963 - 2966  |  |                      | <del></del>                           |
|--|---------------------------|---|--------------------------|--|--|----------------------------|---------------------------------|---|--|----------------------|---------------------------------------|
| 00110  |                           |   |                          |  |  |                            |                                 | _(/ 14/ 500 + 2500  |  | •                    |                                       |
| Instr<br>Make  | uctions: Us<br>as many c  | e one Block 5 pa<br>opies of this page          | e as necessary, a        | rvice (Fund<br>and numbe                     | JUEST(S)<br>Jing Request Number the completed page                   | es to assure the           | at they are all                 | processed correctly   | Block 5, pa  | ige <u></u>          | _of <del></del>                       |
|  | Category                  | of Service (only (                              | ONE category should be   | e checked)                                   |  | 15 Contrac                 | Number (if av                   | railable; use "T" if tariffed<br>as as described in Instruc |  |                      | Т                                     |
|  | lelecomi                  | nunications Service                             | e U Internet Ac          | cess OI                                      | nternal Connections  |                            |                                 | ber (e.g., billed telephor                                  |  |                      | 18-963-2966                           |
| 12 Form 470 Application Number (15 digits) 395000000303638 17 Allowable Vendor Selection/Contra (based on Form 470 filing) |                           |   |                          |  |  |                            |                                 |   | Date (mm/dd/yyy                                    | y)<br>11 <i>1</i> 30 | Y00                                   |
| 13   |                           | rvice Provider                                  |                          |  |  | 18 Contract                | Award Date                      | (mm/dd/yyyy)  |  | -12/01               | /00                                   |
|  | identificat               | ion number (9 d                                 | igits) 1 <b>43000890</b> |  |  | 19a Service                | Start Date (mr                  | n/dd/yyyy)  |  | 07/01                | /01                                   |
|  |                           |   |                          |  |  | 19b Service                | End Date (mm                    | vdd/yyyy) (use only i                                       | or "T" or "MTM" :                                  | services) 06         | /30/02                                |
| 14   | Service P                 | rovider Name I                                  | NEXTEL                   |  |  | 20 Contract                | Expiration D                    | Jate (mm/dd/yyyy)   |  |                      | -                                     |
| 21   | Description<br>This Servi |   | description with         | an Attachr                                   | ption of the service,<br>nent #, and note nu                         |                            |                                 |   | s, plus any rele                                   | vant brand           | names. Label this                     |
| 22   | Entity/Ent<br>Receiving   | itles<br>This Service:                          | service :                | 209385                                       | cific (provided to one   |                            | ·                               |   |  | itity from Bl        | ock 4 receiving this                  |
| 23   | Calculatio                |   |                          |  |  |                            | Daggering                       | ?h  |  | T-4-L Ch             |                                       |
|  | A                         | B   | ecurring Char<br>C       | ges<br>D                                     | E  | r Non-                     | Recurring (                     | narges<br>H   | ī  | Total Ch             | arges<br>K                            |
| (total   |                           | How much of the \$ amount in (A) is ineligible? |                          | # of months service provided in program year | Annual pre-discount \$ amount for eligible recurring charges (C x D) | Annual non-                | How much of<br>the \$ amount in | Annual eligible pre-<br>discount \$ amount                  | Total program year pre- discount \$ amount (E + H) | <u> </u>             | Funding Commitment \$ Request (1 x J) |
|  | 2500                      | 0   | 2500                     | 12   | 30000  | 0                          | 0                               | 0   | 30000  | 90%                  | 27000                                 |

| Entity Number<br>Contact Person         | 2093<br>GITT                    | 385<br>TY HOROWITZ                    |   |   | pplicant's Form<br>one Number   |   | _(718) 963 - 2966  |  |                                |                       |
|---|---------------------------------|---------------------------------------|---|---|---|---|--|--|--------------------------------|-----------------------|
| Instructions: Us<br>Make as many c      | opies of this page              | age for EACH ser<br>e as necessary, a | rvice (Fundand number                               | Uest(s)<br>ding Request Number<br>the completed page<br>per sasyanes or | es to assure tha  | at they are all p                       | processed correctly  | Block 5, pa                                  | ge                             | of <u>7</u>           |
|   | of Service (only 0              |                                       | -   |   | 1   | •                                       | ailable; use "1" if tariffed<br>is as described in Instruc   |  |                                | Т                     |
| U elecomi                               | nunications Service             | : O Internet Acc                      | :ess UII  | Internal Connections  |   |   | Der (e.g., billed telephor                                   |  |                                | 18-963-2966<br>       |
| 12 Form 470                             | Application Nur                 | mber (15 digits)                      | 3   | 95000000303638  | 1   | <b>le Vendor Se</b><br>Form 470 filing) | lection/Contract   | Date (mm/dd/yyy                              | y)<br>11/30/                   | 00                    |
|   | rvice Provider                  |                                       |   |   | 18 Contract   | Award Date                              | (mm/dd/yyyy)   |  | _12/01                         | <del>/00-</del>       |
| identificat                             | tion Number (9 di               | gits) <b>143000677</b>                |   |   | 19a Service Start Date (mw/dd/yyyr) 07/01/01                                    |   |  |  |                                |                       |
|   |                                 |                                       |   |   | 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/02 |   |  |  |                                |                       |
| 14 Service P                            | rovider Name                    | CELLCO                                | 5   |   | 20 Contract   | Expiration D                            | late (mm/dd/yyyy)  | ··   |                                | <del></del>           |
| 21 Description This Serv                | on of<br>rice:<br>              | description with Attachment #_        | an Attachn  | _   | mber in space p   | provided below                          | ·. ·   |  |                                |                       |
| Entity/Ent<br>Receiving                 | tities<br>1 This Service:       | service :                             | 20  | cific (provided to one<br>09385   |   |   |  | •  | •                              | ock 4 receiving this  |
| 23 Calculatio                           |                                 |                                       |   |   |   |   |  | ı  |                                |                       |
| A                                       | Re B                            | ecurring Char                         | rges<br>D   | E   | Non-  | Recurring C                             | Charges<br>H   |  | Total Ch                       | arges<br>K            |
| Monthly \$ charges                      |                                 |                                       |   | Annual pre-discount \$  | Annual non-   | How much of                             | Annual eligible pre-   | Total program                                |                                | Funding Commitment \$ |
| (total amount per<br>month for service) | amount in (A) is<br>ineligible? | pre-discount<br>amount<br>(A minus B) | months<br>service<br>provided in<br>program<br>year | amount for eligible recurring charges                                   | recurring (one-<br>time) \$ charges   | the \$ amount in<br>(F) is ineligible?  | discount \$ amount<br>for one-time<br>charges<br>(F minus G) | year pre-<br>discount \$<br>amount<br>(E +H) | (from<br>Block 4<br>Worksheet) | Request<br>(IxJ)      |
| 2500                                    | o                               | 2500                                  | 12  | 30000   | 0   | 0                                       | 0  | 30000  | 90%                            | 27000                 |

3-17

| Ent      | ity Number                      | 209385                                      | Applicant's Form Identifier_   |                         |                      |
|----------|---------------------------------|---|--|-------------------------|----------------------|
| Cor      | Contact PersonGITTY HOROWITZ    |   | Phone Number   | (718) 963 - 2966        |                      |
| <u> </u> |                                 |   |  |                         |                      |
| В        | lock 3: Impa                    | act of Service                              | s Ordered in THIS Application  |                         |                      |
| 8        | Please provide                  | your best estimate                          | of the number of people who will be served by all of the served. 8a. Libraries complete 8b. Consortia complete 8a and/or 8b. |                         | orm 471.             |
| а        | Number of stud                  | lents to be served                          | 100 b Number of library patrons to be served   |                         |                      |
| 9        |                                 | uestions seek sum<br>s that are relevant to | mary outcome information based on the services ordered in o THIS application.  | this Form 471 applicati | ion. Please complete |
|          | IF THIS APPLICAT                |   |  | BEFORE ORDER            | AFTER ORDER          |
| а        | (Schools/districts/co<br>order? | <b>insortia only)</b> Telephone s           | service: How many classrooms had phone service before and after your   | 10                      | 10                   |
| b        | High-bandwidth voic             | e/data/video service: How                   | rmany buildings served before and after your order?  | 0                       | 0                    |
| С        | High-bandwidth voic             | e/data/video service: High                  | nest speed to a building before and after your order?  | 0                       | 0                    |
| đ        | Dial-up Internet con            | nections: How many befor                    | e and after your order?  | 30                      | 30                   |
| e        | Dial-up Internet con            | nections: Highest speed b                   | efore and after your order?  | 56K                     | 56K                  |
| f        | Direct connections t            | o the internet; How many                    | before and after your order?   | 0                       | 0                    |
| g        | Direct connections t            | o the Internet; Highest spe                 | eed before and after your order?   | 0                       | 0                    |
| h        | Internet access (for            | schools): How many room                     | ns have Internet access before and after your order?   | 10                      | 10                   |
| i        | Internet access (for            | Ebraries): How many build                   | ings have Internet access before and after your order?   |                         |                      |
| j        | Internet access: Hou            | many computers (or oth                      | er devices) with Internet access before and after your order?  | 30                      | 30                   |
| k        | Other technology ou             | tcomes: (please specify):                   |  |                         |                      |
|          |                                 |   | · · · · · · · · · · · · · · · · · · ·  |                         |                      |

# Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

• If you are filing as a school or a school district, use Worksheet A (page 3a).

If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).

If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

| Entity Number                           | 209385  | Applicant's Form Ident   | ifier  |         | <del></del>                         |
|---|---|--|--|---------|-------------------------------------|
| Contact Person                          | GITTY HOROWITZ  | Phone Number   | (718) 963 - 2966   |         |                                     |
| Block 4: I                              | Discount Calculation  | n Worksheet A  | V  | Vorksh  | eet #A                              |
| 1                                       | for Schools/School  | Districts  | F  | age     | of                                  |
|   | · <del>-</del>  |  | et to calculate the discount rate for<br>ount calculations for shared services.  | (For Ac | <i>A 7-3</i><br>Iministrator's Use) |
| pages as n Applying Complete a Applying | eeded. Then use each school's Entity Numb<br>for discounts on services shared by ALL<br>all columns 1-8 for all schools in the district. T<br>for discounts on different shared service | er and its discount from Column 7 to comple<br>schools in the district (with or without s<br>Then use the Weighted Average Discount in<br>es shared by different groups of schools | uplete columns 1-7 only for each school. Add and lete Block 5 site-specific service to that school.  ite-specific services as well):  10c (below) to complete Block 5 for shared servic (with or without site-specific services as well):  rvice. Designate this worksheet A-1, A-2, A-3, etc. | es.     |                                     |
| 10b List entities                       | s and calculate discount(s).  |  |  |         |                                     |
| School District Na                      | ıme:  | School Distric   | ct Entity Number:  |         |                                     |

| 1  | 2             | 3                           | 4                         | 5                                     | 6  | 7  | 8  |
|--|---------------|-----------------------------|---------------------------|---------------------------------------|--|--|--|
| Name of Eligible School                          | Entity Number | Urban or<br>Rural<br>U or R | Total<br># of<br>Students | # of Students<br>Eligible for NSLP    | % Students Eligible for NSLP (Col. 5 ÷ Col. 4) | Discount<br>% from<br>Discount<br>Matrix | Weighted Product<br>for Calculating Shared Discount<br>(Col. 4 x Col. 7) |
| NOS SPINKA                                       | 209385        | Urban                       | 100                       | 98                                    | 98%  | 90%                                      | 9  |
|  |               |                             |                           |                                       |  |  |  |
|  |               |                             |                           |                                       |  |  |  |
|  |               |                             | 4                         |                                       |  | •  |  |
|  |               |                             | <u> </u>                  |                                       |  |  |  |
|  |               |                             |                           |                                       |  |  | <u> </u>   |
| · · · · · · · · · · · · · · · · · · ·            |               |                             |                           |                                       |  |  |  |
| ·  |               |                             | <u></u>                   | · · · · · · · · · · · · · · · · · · · |  |  | <del></del>  |
| Totals for calculating Weighted Average Discount |               | 1                           |                           | ing inggraphy                         |  | en e |  |

Do not write in this area

| ntity Nur             |        |   | Applicant's For  |  |   |
|-----------------------|--------|---|--|--|---|
| Contact P             | erson  | GITTY HOROWITZ  | Phone Numbe  | r  | (718) 963 - 2966  |
| 24 The<br>a           |        | schools under the statutory defin<br>and Secondary Education Act of<br>profit businesses and do not hav<br>libraries or library consortia eligib<br>Library Services and Technology | ation are eligible for sitions of elementary at 1965, 20 U.S.C. Section endowments exceed the for assistance from Act of 1996 that do from any schools, in | support be<br>and seco<br>s. 8801(<br>eding \$50<br>m a State<br>not opera | pecause they are: (Check one or both.) ondary schools found in the Elementary (14) and (25), that do not operate as for- omillion; and/or e library administrative agency under the ate as for-profit businesses and whose but not limited to, elementary and |
| 25 Y                  | resc   | eligible schools and libraries liste<br>ources, including computers, traini   | d in Block 4 of this a<br>ng, software, mainte   | nance, ai  | n have secured access to all of the<br>nd electrical connections necessary to make<br>inted charges for eligible services.  |
| 26 All<br>a<br>b<br>c | of the | e schools and libraries or library or<br>an individual technology plan for<br>higher-level technology plan(s) fo<br>no technology plan needed; appl                                 | using the services re<br>or using the services   | equested<br>requeste   | in this application; and/or ad in this application; or  |
| 27 Sta<br>a<br>b<br>C |        | f technology plans (if representing<br>technology plan(s) has/have bee<br>technology plan(s) will be approv<br>no technology plan needed; appl                                      | n approved; and/or<br>red by a state or othe   | er authori   | •   |
| 28                    |        | rtify that the entities eligible for su<br>local laws regarding procurement   | • •  | -  | nave complied with all applicable state<br>t is being sought.   |
| 29                    | use    | rtify that the services the applicant<br>d solely for educational purposes a<br>ney or any other thing of value.  | •  |  | rided by 47 U.S.C. Sec. 254 will be<br>r transferred in consideration for   |
| 30                    |        | rtify that the entity(ies) I represent<br>o so may result in denial of discou   | -  |  | m rules and I acknowledge that failure in of funding commitments.   |
| 31                    | ens    | derstand that the discount level us<br>uring that the most disadvantaged<br>eive an appropriate share of benef  | I schools and librarie   | s that are   | nditional, for future years, upon<br>e treated as sharing in the service,   |
| 32                    | wor    | cognize that I may be audited purs<br>ksheets and other records that I re<br>ilable to the Administrator such re  | ely upon to fill out thi   |  |   |
| 33                    | exa    |   | •  |  | e above-named entities, that I have<br>on, and belief, all statements of fact   |
| <b>34</b> Si          | gnati  | ure of authorized person 💹  | the Howardy  |  | 35 Date 1/15/01   |
| 36 P                  | rinted | d name of authorized person   | Witty Hill   | owitz  | GITTY HOROWITZ  |
| <b>37</b> Tif         | tle or | position of authorized person   | /  | <del></del>  | PRINCIPAL   |
| <b>38</b> Te          | eleph  | one number of authorized pers   | on:  |  | (718) 963 - 2966  |

47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Page 5 of 6

| Entity Number209385          | Applicant's Form Identifier  |
|------------------------------|------------------------------|
| Contact PersonGITTY HOROWITZ | Phone Number(718) 963 - 2966 |
|                              |                              |

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471 c/o Ms. Smith 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

CONTRACT

November 28, 2000

SMART TELECOM INC.
787 CORNAGA AVENUE
WEST LAWRENCE, NY 11691
718-868-0818 718-868-9161=FAX

Ref.# : 2798-104

Job Date: 07/01/01

BNOS SPINKA GITTY HOROWITZ 127 WALLABOUT STREET BROOKLYN, NY 11206 SHIP TO:
BNOS SPINKA
GITTY HOROWITZ
127 WALLABOUT STREET
BROOKLYN, NY 11206

(718) 963-2966 (718) 403-9024=FAX

SHIP TEL: (718)963-2966

#### WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

ONE YEAR MAINTENANCE CONTRACT FROM JULY 1st, 2001 THRU JUNE 30th, 2002 ON THE FOLLOWING EQUIPMENT: PANASONIC DIGITAL PABX TELEPHONE SYSTEM CONSISTING OF:

| PANASONIC DBS576 | 96 PORT BASE CABINET               | 1  |
|------------------|------------------------------------|----|
| PANASONIC DBS576 | 96 PORT EXPANSION CABINET          | 1  |
| PANASONIC DBS576 | CPC 576 CARD                       | 1  |
| PANASONIC DBS576 | TIME SWITCH 576 CARD               | 1  |
| PANASONIC DBS576 | SERVICE CONTROL CARD-SCC           | 1  |
| PANASONIC DBS576 | BUILDING BLOCK EXPANSION CABLE KIT | 1. |
| PANASONIC DBS576 | SWITCH BOX                         | 1  |
| PANASONIC DBS576 | PCMCIA MEMORY CARD                 | 1  |
| PANASONIC DBS576 | DIGITAL EXTENSION CARD             | 3  |
| PANASONIC DBS576 | ANALOG EXTENSION CARD              | 8  |
| PANASONIC DBS576 | MFR RECEIVER CARD                  | 1  |
| PANASONIC DBS576 | EXTENSION MDF INERFACE             | 4  |
| PANASONIC DBS576 | LOOP START/GROUND TRUNK CARD       | 2  |
| PANASONIC DBS576 | MDF TRUNK INTERFACE                | 1  |
|                  |                                    | 1  |

IT IS AGREED THE MAINTENANCE CONTRACT WILL BE RENEWED ANNUALLY AT THE SAME PRICE THROUGH THE YEAR 2008.

ALL ELEMENTS OF THIS CONTRACT ARE CONTINGENT UPON ALL REQUESTED DISCOUNTS BEING APPROVED BY THE SCHOOLS AND LIBRARIES DIVISION.

WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF: \$10,460.00

### PAYMENT TO BE MADE AS FOLLOWS:

WOULD YOU LIKE TO SAVE MONEY ON YOUR PHONE BILL ? CALL AND ASK US ABOUT DIGITAL CENTREX FROM BELL ATLANTIC. CALL US AND SIGN UP TODAY !!

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices.

Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Purchaser agrees to pay all costs of collection, including attorney's fees. This proposal may be withdrawn by us if not accepted by the above due date.

| AUTHORIZED | ACCEPTANCE |      |
|------------|------------|------|
| SIGNATURE  | S1GNATURE  | DATE |

CONTRACT

November 28, 2000

SMART TELECOM INC.
787 CORNAGA AVENUE
WEST LAWRENCE, NY 11691
718-868-0818 718-868-9161=FAX

Ref.# : 2798-105

Job Date: 07/01/01

BNOS SPINKA GITTY HOROWITZ 127 WALLABOUT STREET BROOKLYN, NY 11206 SHIP TO: BNOS SPINKA GITTY HOROWITZ 127 WALLABOUT STREET BROOKLYN, NY 11206

(718) 963-2966 (718) 403-9024=FAX

SHIP TEL: (718)963-2966

## WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

ONE YEAR MAINTENANCE CONTRACT FROM JULY 1st, 2001 THRU JUNE 30th, 2002 ON THE FOLLOWING EQUIPMENT:

- \*4 PAIR CAT 5 COMPUTER CABLES & JACKS 39
- \*24 PORT BAY NETWORK HIGH SPEED SWITCHES 10/100 HUB 2
- \*24 PORT 8 PIN CAT 5 PATCH PANEL/HINGED WALL BRACK. 2
- \*8 PIN CAT 5 DATA PATCH CORDS 3 FT 39
- \*8 PIN CAT 5 DATA PATCH CORDS 7 FT 39
- \*SMART UPS 1400NET UNINTERRUPTED POWER SUPPLY WITH 4 POWERCHUTE

1

IT IS AGREED THE MAINTENANCE CONTRACT WILL BE RENEWED ANNUALLY AT THE SAME PRICE THROUGH THE YEAR 2008.
ALL ELEMENTS OF THIS CONTRACT ARE CONTINGENT UPON ALL REQUESTED DISCOUNTS BEING APPROVED BY THE SCHOOLS AND LIBRARIES DIVISION.

WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF: \$10,795.00

## PAYMENT TO BE MADE AS FOLLOWS:

WOULD YOU LIKE TO SAVE MONEY ON YOUR PHONE BILL ? CALL AND ASK US ABOUT DIGITAL CENTREX FROM BELL ATLANTIC. CALL US AND SIGN UP TODAY !!

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Purchaser agrees to pay all costs of collection, including attorney's fees. This proposal may be withdrawn by us if not accepted by the above due date.

| AUTHORIZED | ACCEPTANCE |      |
|------------|------------|------|
| SIGNATURE  | SIGNATURE  | DATE |

CONTRACT

November 28, 2000

**SMART TELECOM INC.**787 CORNAGA AVENUE
WEST LAWRENCE, NY 11691
718-868-0818 718-868-9161=FAX

Ref.# : 2798-106

Job Date: 07/01/01

BNOS SPINKA GITTY HOROWITZ 127 WALLABOUT STREET BROOKLYN, NY 11206 SHIP TO:
BNOS SPINKA
GITTY HOROWITZ
127 WALLABOUT STREET
BROOKLYN, NY 11206

SHIP TEL: (718)963-2966

(718)963-2966 (718)403-9024=FAX

## WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

1

ONE YEAR MAINTENANCE CONTRACT FROM JULY 1st, 2001 THRU JUNE 30th, 2002 ON THE FOLLOWING EQUPMENT:

### NETWORK FILE SERVER CONSISTING OF:

DUAL PENTIUM III 500 MHZ CPU'S

INTEL MOTHERBOARD WITH 612 KB L2 CACHE INTEGRATED DUAL CHANNEL ULTRA SCSI, IDE AND VGA

256 MB ECC SDRAM RAM ON MOTHERBOARD

MYLEX 8SCI RAID CONTROLLER

300 WATT POWER SUPPLY

5-HOT SWAPPABLE DRIVE BAYS

4-4.5GB ULTRA SCSI HARD DRIVES

40X CDROM

14GB INTERNAL 8MM ULTRA SCSI TAPE DRIVE/SEAGATE BACKUP EXEC FOR NETWARE

10/100 INTEL NETWORK CARD

17" FLAT MONITOR

WINDOWS NT 4.01 NETWORK PACKAGE

IT IS AGREED THAT THE MAINTENANCE CONTRACT WILL BE RENEWED ANNUALLY AT THE SAME PRICE THROUGH THE YEAR 2008.

ALL ELEMENTS OF THIS CONTRACT ARE CONTINGENT UPON ALL REQUESTED DISCOUNTS BEING APPROVED BY THE SCHOOLS & LIBRARY DIVISION.

WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF: \$7,950.00

## PAYMENT TO BE MADE AS FOLLOWS:

WOULD YOU LIKE TO SAVE MONEY ON YOUR PHONE BILL ? CALL AND ASK US ABOUT DIGITAL CENTREX FROM BELL ATLANTIC. CALL US AND SIGN UP TODAY !!

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Purchaser agrees to pay all costs of collection, including attorney's fees. This proposal may be withdrawn by us if not accepted by the above due date.

| A | U | TE | W  | Kl | ĽZ | R | ) |
|---|---|----|----|----|----|---|---|
| S | I | Gì | ĪΑ | T  | JR | E |   |

ACCEPTANCE SIGNATURE

DATE

SERVICE PROVIDER: VERIZON

<u>SPIN:</u> 143001359

<u>DESCRIPTION:</u> LOCAL PHONE SERVICE

COST PER MONTH: \$1000

# OF MONTHS: 12

TOTAL COST PER YEAR: \$12000

SERVICE PROVIDER: VIATEL/ECONOPHONE

SPIN:

143009164

DESCRIPTION: LONG DISTANCE PHONE SERVICE

TOTAL COST PER MONTH \$600

# OF MONTHS:

12

TOTAL COST PER YEAR:

\$7200

SERVICE PROVIDER: NEXTEL

SPIN:

143000890

**DESCRIPTION:** 

CELLULAR PHONE SERVICE

**COST PER PHONE PER MONTH:** 

\$250

# OF PHONES:

10

**TOTAL COST PER MONTH:** 

\$2500

**NUMBER OF MONTHS**:

12

TOTAL COST PER YEAR

\$30000

SERVICE PROVIDER:

**CELLCO** 

SPIN:

143000677

DESCRIPTION:

CELLULAR PHONE SERVICE

COST PER PHONE PER MONTH:

\$250

# OF PHONES:

10

**TOTAL COST PER MONTH:** 

\$2500

**NUMBER OF MONTHS:** 

12

TOTAL COST PER YEAR

\$30000